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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ecuador

Proposed UNFPA assistance:	$6 million, $2.4 million from regular resources and $3.6 million from co-financing modalities and/or other, including regular, resources
Programme period:	Three years (2001-2003)
Cycle of assistance:	Third
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.7	2.3	4.0
Population and development strategies	0.4	1.3	1.7
Programme coordination and assistance	0.3	-	0.3
Total	2.4	3.6	6.0

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INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	64	≥60
Contraceptive prevalence rate (%)[2]	57	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	0.22	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	71.9	≤65
Infant mortality rate (per 1,000 live births)[5]	46	≤50
Maternal mortality ratio (per 100,000 live births)[6]	160	≤100
Adult female literacy rate (%)[7]	88	≥50
Secondary net enrolment ratio (%)[8]	101	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1 Electronic database, World Health Organization, December, 1999.
2 United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3 UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4 United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5 United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6 The World Bank, *World Development Indicators, 2000.*
7 UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8 UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	12,646	Annual population growth rate (%)	1.74
Population in year 2015 (000)	15,936	Total fertility rate (/woman)	2.76
Sex ratio (/100 females)	100.9	Life expectancy at birth (years)	
Age distribution (%)		Males	68.3
Ages 0-14	33.8	Females	73.5
Youth (15-24)	20.3	Both sexes	70.5
Ages 60+	6.9	GNP per capita (U.S. dollars, 1998)	1520

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2003 to assist the Government of Ecuador in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $6 million, of which $2.4 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.6 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to the country. Ecuador is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in consultation with the Government, non-governmental organizations (NGOs), other United Nations agencies and multilateral and bilateral donors. It takes into account national policies, priorities and strategies, as well as the country's current economic constraints. The proposed programme is based on the priorities and recommendations emanating from the Country Population Assessment (CPA) exercise that was conducted jointly by the Government and UNFPA in 2000 and also incorporates findings from the evaluation of the previous programme. The programme is proposed for three years so that the programme cycles of UNFPA, UNDP and UNICEF will be harmonized starting in 2004. A Common Country Assessment (CCA) is to be completed in 2001, and the United Nations Development Assistance Framework (UNDAF) exercise will be conducted in 2002-2003.

3. The goal of the proposed programme is to contribute to improving the sexual and reproductive health of Ecuadorians living in poverty. UNFPA would support two subprogrammes, one in reproductive health and one in the area of population and development strategies. Gender considerations and advocacy would be mainstreamed into both subprogrammes and would also be supported through programme coordination funds.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Ecuador's annual rate of population growth declined from 3.2 per cent in 1962 to the current 2.1 per cent and is projected to be around 1.6 per cent over the period 2000-2010. Even with these declining growth rates, the population is expected to increase from the current 12.6 million to 15.9 million in 2015. The proportion of the population under 15 years of age, currently 35.3 per cent, will decrease to 29 per cent in 2010. The country could, with an

educated, healthy, young working population, benefit from the demographic dividend of a decreasing dependency ratio during the next few decades.

6. In the initial post-ICPD period, Ecuador demonstrated considerable progress towards reaching the ICPD goals. However, maternal mortality remains high: national estimates of the maternal mortality ratio range from 60 to 150 maternal deaths per 100,000 live births.

7. The total fertility rate for the period 1994-1999 was 3.3 children per woman, compared to 3.6 for the period 1989-1994. Major differences exist among rural and urban areas (4.3 and 2.8 children, respectively), among women living in the sierra (5.6 children) and in the coastal regions (3 children), and among women with different educational levels (5.5 children for women without formal education compared to 2.0 for university-educated women). The desired number of children reported by the demographic and maternal and child health survey conducted in 1999 was 2.6 children per woman. Women without formal education and women, among other things, with only primary education report the highest number of unplanned and unwanted births, which points to insufficient access to family planning among poor, less-educated populations.

8. Reliable data on HIV/AIDS and other sexually transmitted diseases (STDs) are scarce. The number of reported AIDS cases was 1,246 for the period 1984-1999, but underreporting is thought to be considerable. The majority of reported HIV infections are among those under age 30. Slightly more males are infected than females, and the predominant mode of transmission is heterosexual. There was, however, a disturbing increase in the number of cases of mother-to-child transmission evident in 1999. According to UNAIDS estimates, by the end of 1999 an estimated 12,000, or possibly as many as 26,000, Ecuadorian adults and children were living with HIV/AIDS.

9. Adolescents 10-19 years of age comprise 21.4 per cent of the population. Pregnancies among adolescents aged 15-19 account for 16.1 per cent of the total. An estimated 12.1 per cent of pregnant young women in this age group have been pregnant at least once before.

10. The social situation of women has not improved in recent years. However, the legal framework for advancing women's rights has witnessed a great deal of progress, as evidenced by the 1995 law against domestic violence, the 1998 Constitution, and a law passed in 2000 mandating that 30 per cent of candidates for elected positions be women. The latter has led to an increase in the number of women holding office at the local level, both mayors and councilwomen. Recent national administrations have included women in ministerial positions. The 1998 Constitution emphasizes equality before the law of all persons, including provisions on the equal rights of all family members and on the right of women to earn the same wages as men. Studies, however, indicate that women, particularly indigenous women and those in rural areas, continue to be disadvantaged. Higher percentages of rural women are illiterate than rural men,

and 49 per cent of indigenous rural women are illiterate, compared to 18 per cent of non-indigenous rural women. Women are reported to be frequent victims of domestic violence, violence in the workplace and sexual abuse.

11. Since the mid-1990s, Ecuador has been experiencing one of the worst economic crises in its history, and the situation turned particularly serious in 1999. During 1999 the gross national product declined by 7.3 per cent. The crisis has deepened existing disparities in income levels and brought increased poverty. Poverty reduction is one of the main priorities stated in the Government's plan for 2000-2003.

Previous UNFPA assistance

12. The first UNFPA country programme in Ecuador was approved in 1990 for a total of $7 million, from UNFPA regular resources, and was extended for an additional two years without additional resources. The second country programme (1997-2000) was approved in the amount of $5 million, of which $4 million were from regular resources. Funding was distributed as follows: reproductive health, 85 per cent; population and development strategies, 5 per cent; and advocacy, 10 per cent. Total programme expenditures would be approximately $4.2 million.

13. The previous programme aimed to contribute to a reduction in maternal mortality through promotion of quality integrated reproductive health services within the public health-care system. The Ministry of Health, with the support of UNFPA, has developed and produced new national reproductive health care norms and protocols. The new norms include detailed chapters on STDs, HIV/AIDS, family planning, gynaecological cancers, perinatal care, violence, and the needs of adolescents. UNFPA has supported the application of these norms and protocols, particularly in five priority provinces. However, fiscal limitations and institutional weaknesses have, so far, mitigated the impact of the new norms on the quality of reproductive health care that is being delivered.

14. In the area of population and development strategies, the previous programme concentrated on support to the University of Cuenca to promote graduate courses on population, development and the environment. Advocacy efforts supported by UNFPA contributed to building a national consensus regarding implementation of the sex education law. UNFPA also advocated for other aspects of the ICPD Programme of Action, creating strategic alliances with women's groups, community groups, international NGOs, youth groups and coalitions of municipalities to do so.

15. Major lessons learned over the course of the previous programme are: (a) frequent government staff turnover and decreased budget allocations for the health sector limited the extent to which population and reproductive health components could be integrated into government programmes; (b) the cooperation that was promoted by UNFPA between NGOs,

municipalities and the Ministry of Health provided synergies for successful implementation of programme activities; (c) national ownership of the programme is a necessary condition for continuity and impact of activities; and (d) close monitoring of UNFPA-supported activities should be a priority.

Other external assistance

16. The most important bilateral donors to social sector and governance programmes in Ecuador are the United States of America, the Netherlands, Japan, Spain, Canada, Germany, Switzerland, Belgium and the European Union. Programmes supported by United Nations agencies focus on improved access to and quality of basic social services and on poverty alleviation. United Nations partner agencies support the Government to implement an emergency social programme. International NGOs, such as CARE and Plan International, fund programmes focused on the delivery of primary health-care services, including reproductive health services.

17. The United States Agency for International Development (USAID) has been the largest donor to reproductive health programmes, supporting two service delivery NGOs and one NGO undertaking demographic and policy-relevant research. USAID has supported three demographic and maternal and child health surveys, and supports several international NGOs that provide technical assistance to both public and private-sector entities. However, USAID plans to start phasing out all assistance in the health and population sectors in the near future but may continue, through a poverty alleviation grant programme, to provide contraceptives for several more years.

18. Through its advocacy work and direct support at both central and municipal levels and to NGOs, UNFPA is known to take a proactive stance towards reproductive rights and to collaborate in innovative alliances and approaches to further gender equity and equality and to advocate for and directly support initiatives furthering adolescent sexual and reproductive health. With USAID's planned phasing-out of its health and population assistance and Dutch development assistance priorities no longer including Ecuador, in the near future UNFPA may be the only international donor agency actively promoting the implementation of the ICPD Programme of Action.

19. During the collaborative CPA process, UNFPA worked closely with government counterparts. The close alliances built during this process established UNFPA as an organization willing and able to work with both national and international players in the areas of reproductive health and population and development strategies. Contributions from the Country Technical Services Team (CST) in Mexico City, Mexico, throughout this process were greatly appreciated and contributed to the perception of UNFPA as a valuable partner in the area of population and development strategies. UNFPA supports United Nations system initiatives to advocate for

government attention to the social impact of economic policies and supports the current Government's poverty alleviation efforts.

20. Working through the UNAIDS Theme Group, the co-sponsoring agencies, including UNFPA, promote improved monitoring and visibility of the HIV/AIDS pandemic. Both the previous and proposed UNFPA programmes emphasize the importance of prevention and treatment of STDs and HIV prevention as a component of information, education and communication (IEC) programmes and reproductive health service delivery.

Proposed programme

21. The overall goal of the proposed programme is noted in paragraph 3 above. In addition to policy support at the central level, both subprogrammes would focus on the same 10 cantons (an additional four cantons would be covered by an adolescent sexual and reproductive health project for which UNFPA has received funding from the United Nations Foundation). This is expected to enhance inter-linkages and synergies within the programme. The cantons that would be supported are located in micro-regions in the three major geographic regions of Ecuador, which have differing sociocultural characteristics. The selection criteria for the specific communities within the cantons where the proposed programme will focus are: (a) that 70 per cent or more of the population is living in poverty; (b) that the cantons have a population of more than 1,500 habitants; and (c) that there is community interest in, and demonstrated capacity for, working with NGOs, donor programmes and/or with locally-elected councils.

22. Reproductive health subprogramme. The purpose of the reproductive health subprogramme would be to contribute to improved utilization of quality reproductive health services by poor women, men and adolescents. The following outputs would be expected: (a) increased awareness of and access to quality reproductive health services for men and women in the 10 cantons where the programme will be focused; and (b) increased awareness of and access to quality sexual and reproductive health services for adolescents living in 14 cantons (including the four cantons covered by the project funded by the United Nations Foundation).

23. Interventions would be based on the needs of the various communities, which would be assessed through data established in collaboration with the population and development strategies subprogramme. Given this approach, the nature of interventions will differ among communities and would also depend on the existing availability of health services. The subprogramme would take into account the characteristics of the rural areas of Ecuador with regard to sexual and reproductive health knowledge and health-seeking behaviour. These include the importance of traditional medicine, limited access to information about sexual and reproductive health, and the tendency to seek hospital care only in the most severe cases.

24. Support would concentrate on strengthening the reproductive health service delivery networks, including those of the Ministry of Health, NGOs and private providers, in the 10 cantons through training and provision of equipment and contraceptives. The emphasis would be on improved quality of care and in supporting a gender- and culturally-sensitive approach. UNFPA would support a package of reproductive health education and services that would include basic family planning (counselling, supply of contraceptives, and follow-up of users), STD and HIV/AIDS prevention, prenatal care, referral to emergency obstetric services, and prevention of domestic violence. Essential equipment and training necessary to improve delivery care would be provided, and referral systems would be improved.

25. The proposed assistance also includes technical assistance on management and team building and on technical aspects of developing and sustaining sexual and reproductive health services. This technical assistance would be provided with support from the CST. The assistance would focus on use of the reproductive health norms developed by the Ministry of Health with UNFPA support under the previous programme.

26. UNFPA support for reproductive health service delivery would be channeled mainly through local health facilities of the Ministry of Health, local health councils, NGOs, programmes supported by other donors, and community groups. The aim would be to encourage service delivery personnel to take into account the user perspective and socio-cultural diversity.

27. UNFPA support to sexual and reproductive health for adolescents will also be focused at the local level. As a majority of adolescents in rural areas do not attend school, outreach strategies would be developed, working directly with the adolescents themselves, their parents, health providers and the community. Jointly, through use of available data and, possibly, additional data collection and analysis, sexual and reproductive health needs would be identified and priorities for sexual education and adolescent sexual and reproductive health care would be established. A wealth of materials for adolescents has been developed in Ecuador, including those developed under the previous programme. It is not envisaged to develop new materials unless it is determined that there are gaps in terms of meeting any special needs.

28. As part of a programme funded by the United Nations Foundation in three Latin American countries, a six-month preparatory project on adolescent reproductive health care was completed in 1999. During this initial phase, a study of adolescent sexual and reproductive health needs was conducted among adolescents, their parents, teachers, church leaders, mayors and health care providers in three southern provinces of Ecuador. This programme has recently received funding ($800,000 over two years) to proceed to the design of educational and service delivery components. The goal and purpose of this project, which will be executed in four cantons, correspond to those of the proposed programme. Possibilities of co-financing arrangements with other potential donors are also being explored.

29. In those cases in which programmes supported by other donors in the selected communities focus on improved agriculture, protection of natural resources or education, UNFPA would develop collaborative modalities, adding reproductive health services and assisting these agricultural, environmental and educational initiatives to be included in local planning databases. This approach would also provide an entry point to work with men in order to increase their involvement in the promotion of reproductive health.

30. A continuing advocacy dialogue on reproductive health and rights would be maintained with policy and decision makers at central and decentralized levels. Support to national-level policies and programmes may include support to the national sex education programme, if funding can be obtained. Should additional funding be made available by the Inter-American Development Bank as part of its support to the Ministry of Education and Culture, technical assistance could be provided by UNFPA. Similarly, UNFPA could provide technical assistance to the armed forces and national police to incorporate sex education into their training programmes for conscripts and recruits. UNFPA would support the Ministry of Health to effectively incorporate reproductive health concerns into the ongoing health-sector reform, taking advantage of the envisaged reorientation of policy in favour of preventive medicine and health promotion.

31. Reproductive health commodity security. UNFPA would continue to assist the Government in seeking support to ensure continuity in the supply and availability of reproductive health commodities. An inter-institutional contraceptive logistics committee, established in early 2000, will also provide direction in this area. This task force is considering contraceptive procurement through UNFPA as an option. If requested, UNFPA would provide technical assistance and training for contraceptive procurement and logistics.

32. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to improved capacity on the part of local authorities for integrated development planning using existing databases that include demographic information. The expected output of the population and development strategies subprogramme would be greater capacity of local authorities to incorporate the population dimension, including the relationship between population and the environment, gender and reproductive health, into planning and programming.

33. In support of decentralization and of the need for improved planning and management skills at the local level, UNFPA would assist cantonal authorities in the use of gender-disaggregated population data developed by the national planning office as well as of an electronic database that unites all available social data disaggregated by gender. The national planning office would be assisted to train local officials in the use of these databases.

34. UNFPA would provide limited technical assistance related to the census planned for 2001, in addition to continuing to advocate with other donors in support of the planned census. As in the case of the reproductive health subprogramme, UNFPA will actively advocate with policy makers, demonstrating the positive results generated by the population and development strategies subprogramme and urging extension to other communities.

35. The proposed programme would build on progress made during the previous programme to incorporate a gender focus into all aspects of design and implementation, using the training methodologies and materials developed. Support to women's NGOs would continue, with a focus on advocacy, possibly including, in the communities where the subprogrammes will be concentrated, such activities as: training of women recently elected to local-level governing entities in human rights, including sexual and reproductive rights, and gender issues; and collaboration with the NGO supporting human rights training of the police with a focus on gender-based violence.

Programme implementation, coordination, monitoring and evaluation

36. The proposed programme would be executed and implemented by government ministries, local authorities and NGOs, maximizing national execution modalities. Complementarity would be sought with activities supported by other United Nations agencies (e.g., FAO, WFP, UNICEF, PAHO and UNDP) and bilateral donors that work to strengthen community health and local planning systems.

37. The programme would require close results-based monitoring on the part of UNFPA. The logical framework approach provided the basis for programme design and will serve as a tool for monitoring programme implementation. Annual programme review meetings would be held to facilitate coordination of and sharing of experiences on component projects and subprogrammes while promoting ownership of the programme by all concerned partners.

38. Programme implementation will be coordinated through the UNFPA country office, headed by a UNFPA Representative, with a staff consisting of an Assistant Representative, one National Programme Officer, one Junior Professional Officer and four administrative support staff. To guarantee adequate technical backstopping and coordination of the proposed programme, UNFPA will explore such options as the assignment of United Nations Volunteers or National Professional Project Personnel.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Ecuador, as presented above, in the amount of $6 million over the period 2001-2003, $2.4 million of which would be programmed from UNFPA regular

resources to the extent such resources are available, and the balance of $3.6 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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